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CONFIRMATION NO. 1799

SERIAL NUMBER 09/910,720	FILING DATE 07/24/2001 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 8932-177						
APPLICANTS James P. Hearn, Claymont, DE; John H. Manthorp, Downingtown, PA; Sean H. Kerr, Collegeville, PA; ** CONTINUING DATA ***** OK. AL 9/27/04 This appln claims benefit of 60/221,148 07/27/2000 ** FOREIGN APPLICATIONS ***** None. AL 9/27/04 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged <i>Amudha Parman AL</i> Examiner's Signature Initials		STATE OR COUNTRY DE	SHEETS DRAWING 5	TOTAL CLAIMS 2861	INDEPENDENT CLAIMS X5					
ADDRESS 20582 JONES DAY 51 Louisiana Avenue, N.W WASHINGTON, DC 20001-2113										
TITLE Cranial flap clamp and instrument for use therewith										
FILING FEE RECEIVED 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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